

<b>Case Number:</b>	CM13-0035694		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male who reported an injury on 09/04/2012. The patient is diagnosed with cervical musculoligamentous sprain/strain, bilateral shoulder periscapular myofascial strain, bilateral forearm and wrist flexor/extensor tendonitis, lower thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral knee patellofemoral arthralgia, bilateral ankle internal derangement, and insomnia. The patient was seen by [REDACTED] on 12/06/2013. The patient reported ongoing pain with activity limitation. Physical examination revealed decreased lumbar range of motion, spasm, and tenderness to palpation. Treatment recommendations included continuation of current medications and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #120, one every 6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report lower back pain and bilateral knee pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.